# Book reviews

**Surviving stalking**
Michele Pathe
Melbourne: Cambridge University Press, 2002
ISBN 0521 00964 2 pp.174 $59.95

*Surviving stalking* will be a handy guide for sufferers, assessors, therapists and law officials alike. I certainly found a number of good suggestions from the book in dealing with an unpleasant, persistent individual who is presently making my life difficult.

Although the title emphasizes survival, the book recapitulates all that is currently known about the subject. This is from the author's own impressive studies (in conjunction with P. Mullen and R. Purcell) and from a useful *Reading Guide*. For the sufferer, Pathe also appends 'Other resources' (internet web sites, national organizations) in the UK, US and Australia.

The chapters make easy reading. The paragraphs are clearly headed, case-vignettes are given to illustrate the text and at the end of each chapter is a dot-point summary.

I quite like the candid nature of the text: 'Finally, *never date a person out of pity* and certainly do not date someone who threatens suicide if you do not see him.' (p58) 'Implementing these strategies is not about giving in but *fighting back*.' (p63) 'Take charge of your environment.' (p67)

In this respect the book weaves a careful course between the scientific and the popular making it a useful and practical adjunct for victim support. This is important and may be the beginning of the victim 'taking charge'.

Chapters 10, 11 and 12 deal with the criminal justice systems in the UK, US and in the states of Australia. They deal with stalking behaviour in these jurisdictions and how the legislation deals with these offences. Protective injunctions or restraining orders and anti-stalking legislation are discussed. Very useful practical advice is given when dealing with the police and in engaging a lawyer. The way that some stalkers can continue their behaviour utilizing the judicial process is raised.

The book concludes: 'It is hoped that this book, through its attention to these important areas, has invested you and your supports with the power to stop the stalking and to make the transition from victim to strategist and ultimately to *survivor*'. In this respect the author makes sense out of a frightening, bewildering and often dangerous situation, giving a degree of power and authority to the victim to break free.

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**Symptoms in the mind: an introduction to descriptive psychopathology, 2nd edn**
Andrew Sims
London: Saunders, 2003
ISBN 07020 2627 1 pp.451 $105.25

When a young resident contemplating a career in psychiatry is advised to read DSM IV-TR to encourage his interest, it is time to worry about a new anti-intellectualism or dumbing down of psychiatry. Hopefully there is more to psychiatry than lists of symptoms ticked off to generate diagnoses. What about the relationship between the categories? Do some categories take precedence over others or are all the empirically derived criteria based entities equivalent 'disorders'? Is it worth distinguishing between what an individual 'has', i.e. illnesses as against what an individual 'does', i.e. behaviour? Are dimensions preferable to categories in describing what an individual 'is', i.e. personality? Is there perhaps a deep structure that underpins the discipline of Psychiatry and indeed nosology.

Nowadays few psychiatrists use the concept of phenomenological understandability to distinguish psychiatric symptoms arising from schizophrenia as against affective psychoses. Does it matter if the symptoms respond to antipsychotics regardless? Indeed much of modern psychiatric therapeutics is symptom reduction; anxiolytics if anxiety predominates, antidepressants when depression is present, mood stabilisers if there is affect disregulation and so on. 'Polypharmacy'? Yes; but are we not just acknowledging the neurobiological substrate of symptoms? Psychiatric illnesses undoubtedly have a neurobiological substrate but whether the symptoms that emerge are a direct result of brain events or a product of the mind seems a critical issue. Of course if the position is that there is no process called mind then phenomenology which is concerned with the subjective experience of the mind is redundant and we can dispense with deep structure in contemplating human experience and concentrate on brain structure. A new brain mythology?

Sims' aptly named volume attests that there is a deeper structure to psychiatry than emerges from the pretended logical positivism of DSM III to IV-TR. Wisely Sims prefers the term descriptive psychopathology to phenomenology and does not dismay the reader by attempting to connect obscure aspects of Husserl and Heidegger with psychopathology. Yet his thinking is clearly indebted to Karl Jaspers while correctly pointing out that the philosophical roots stem from Kant rather than Husserl. Sims modestly accomplishes what Jaspers' mighty edifice

fails to, that is produce a work outlining the phenomenological underpinnings of psychopathology in easily understandable form. This is arguably the best available work in English on descriptive psychopathology. Its subtitle belies its depth.

If phenomenology is the study of subjective experience then clearly diagnosis requires more and Sims pays appropriate attention to what is observable. A psychiatric diagnosis emerges from an intersection of the personal narrative (history), evaluation of the patient's subjective experience (phenomenology) and what is observed (mental state). DSM IV curiously allows diagnoses including of current major depression and indeed current mania in the absence of mental state findings. Does this account for the apparent increase in major depression? But when does an experience become a symptom, and when is a symptom indicative of illness or disorder? I am reminded of a psychiatric report claiming that the patient had post traumatic stress disorder because he had 'unwanted memories'!

Sims provides a cogent argument to reintroduce a concept of 'neurosis' defined as 'psychological reactions to acute or continuous perceived stress, expressed in emotion or behaviour ultimately inappropriate in dealing with that stress'. Such a superordinate category would obviate the need to diagnose multiple comorbid disorders in the same individual at different times and indeed at the same time. This of course requires a theoretical construct to underpin the nosology which is a heresy since DSM III.

This third edition contains discussion of adult ADHD which is unfortunately uninformative from a phenomenological or descriptive point of view and also of multiple personality disorder (MPD). On the latter Sims appears to side with those who stress the iatrogenic nature and dubious validity of the category now known as Dissociative Identity Disorder (DID). Is it characteristic of hysterical disorders that the names keep changing?

Curiously Sims only mentions PTSD in passing. A pity as this syndrome is crying out for phenomenological scrutiny. What exactly is a patient experiencing when he has 'flashback episodes'? First appearing in DSM III 'flashbacks' are not defined in the glossary of this edition nor in DSM IIIR. It is described in DSM IV as 'a recurrence of a memory, feeling, or perceptual experience from the past' which merely begs the question. Likewise what is a person actually 're-experiencing' when he is said to have 'a sense of reliving the experience' of the traumatic event. If the person has vivid distressing memories why not say so without resorting to words which have a certain theatrical flavour? Unfortunately we must await the fourth edition where hopefully the nature of these subjective experiences will be illuminated, assuming that PTSD as a category has not unravelled by then.

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**Personality and dangerousness: genealogies of anti-social personality disorder**
David McCallum
Cambridge University Press, 2001
ISBN 0 521 00875 1 pp.275 $46.95

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In an age where terrorists, sexual deviants and rogue entrepreneurs consistently figure in headline news, it is not surprising that dangerous individuals and their personal attributes loom large in the public consciousness. Psychiatry has been fairly unwillingly drawn into the debate about the defining characteristics of such individuals and what (if anything) can be done to cure or at least control them. Current developments in Victoria are simply indicative of wider trends throughout Australia and New Zealand; as at the time of writing this review (December 2002) there are no fewer than three separate enquiries taking place into the legislative and clinical fates of people variously described as being dangerous, having 'complex needs' and having one or other type of mental 'impairment'. This book is therefore timely and sobering. It confirms the maxim that history repeats itself: dangerous people have always been difficult to identify, foresee and treat, and the assigning of labels such as 'defective', 'moral imbecile', 'psychopath' or 'antisocial personality disorder' does little to clarify the conceptual confusion surrounding them. Personality, as the author argues, is ultimately an 'artefact of Government' with 'Government' being broadly defined as all the complex relationships of knowledge and power which enmesh both individuals and whole populations. The history of the concept of 'personality disorder' has been the history of the development of a linguistic and social 'space' in which the complex notions underpinning the term can be ultimately realized. The notion of the 'incurably aggressive' was refined largely because medical professionals in early colonial Australia succeeded in a power-struggle with asylum keepers over who would provide what sort of treatment to asylum inmates: the 'untreatable' became those for whom psychiatrically auspiced 'moral treatment' would not work.

Further refinements to the notion of 'untreatable' came with the separation of 'acute' from 'chronic' cases, the 'defective' from the 'lunatic', the 'moral imbecile' of normal intelligence from the truly intellectually disabled

'idiot' and, finally, the use of neuro-anatomy, psychological testing and complicated statistical techniques to separate out a class of people who are, despite being frighteningly close to 'normal', both 'incurable' and 'dangerous'. Throughout all of this, personality becomes:

> . . . not merely a set of traits or the unique characterizing bundle of attributes of individuals that we might once have thought of as a character resume but has in addition a connection to how persons are thought about as being governed . . . it might also be argued that personality has become a domain of techniques for the exercise of freedom in liberal forms of Government. That is, that individuals are required to conduct their freedom – they are 'obliged to be free' – by the activity of fooling themselves into personhood by developing techniques of 'making up one's self' in a constructed space known as personality. (pp. 151–152.)

Thus (for example) the efforts of the mental hygiene movement during the first half of the twentieth century were aimed not only at the primary prevention of psychiatric disorders but also at the development of a 'wholesome personality'. This prescriptive approach was in turn accompanied by a conceptual shift so that the focus was moved away from the control of clearly disordered individuals (those with an obvious psychiatric disorder) to the aberrant personality who might be identified only by reference to their more 'normal' fellow citizens: a shift, in other words, away from clear individual pathology to the more subtly defined extremes of statistical distribution.

Unfortunately, this book, despite its insights, does not address its central theme particularly well. The first challenge is its rather dense style which (without wishing to stereotype other books in the area) seems to be similar to other works which have a post-modernist approach. This is a pity because clinicians need to know and understand the concepts with which the author is working. 'Personality', 'personality disorder' and 'antisocial personality disorder' are too often used as terms which describe real things, rather than (as the author tries to show) simply constructions of language which simply provide space for social, political and so-called 'scientific' ways of thinking to develop. A second problem with the book is that many of the straw men it sets up do not exist. For example, its clichéd references to psychiatrists' inability to predict dangerousness rests on literature which is now 20 years old. Even a superficial perusal of work done in the last decade would indicate that the claims for predicting the risk of violence in particular individuals are now substantially more modest, guarded and backed by an impressive array of good- quality empirical studies. The third, and probably the most significant, problem with this book is that, ultimately it does not really consider the very thought-provoking questions about the nature of the relationship between personality disorder and dangerousness posed in its first chapter. According to the author, 'the argument advanced in this book is that the modern concept of personality comes into existence as an index of risk management'. Yet the complex and difficult concepts involved in the construction of the notion of 'risk' are not really discussed, except perhaps in passing references to (for example) the use of 'dangerousness' in defining the category of 'moral imbecile' at the beginning of the last century. Despite the book's exhaustive (and very insightful) discussion of the development of the concept of 'personality' (and the associated notion of incorrigibility), it is curiously silent as to how and why the personality disordered finally become the dangerous monsters of recent folklore. Sadly, this book does not really attempt to even consider the range of explanations available concerning the nature of the link between personality disorder and dangerousness. It is thus only the beginning, albeit a useful beginning, to the enquiries which still need to be carried out in this fraught but most important interface between law, psychiatric and culture/social theory.

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**Emergency psychiatry. Review of psychiatry, Volume 21**
Michael H. Allen (ed)
Washington DC: American Psychiatric Press, 2002
ISBN 1 58562 070 x pp.198 $84.70

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Emergency psychiatry is developing as an important subspecialist discipline. This is most apparent in the US, where the specialist psychiatric emergency service (PES) has been developed in many areas. In Australia and New Zealand many mainstream general psychiatric services have become defacto psychiatric emergency services. There has been a general rise in emergency department attendance for acute psychiatric problems and widespread anecdotal evidence of increasing acuity, complexity, and dangerousness of clinical presentation to acute psychiatric services. This increases the demand for emergency psychiatric skills in both general psychiatry and in specialist psychiatric emergency services. This volume attempts to meet both needs.

The first chapter provides an overview of the structure and function of psychiatric emergency services, including a review of different models for service delivery.

Chapter two provides a general overview of medical, psychiatric and cognitive assessment in the PES. Chapter three more specifically covers the assessment and treatment of suicidal patients in an emergency setting. Chapter four reviews the emergency treatment of agitation and aggression. Chapter five describes psychosocial interventions in the PES.

This book is definitely not a handbook of emergency psychiatry, and will be of little immediate use to the clinician confronted with an acute psychiatric emergency. Nevertheless, it is a well written and scholarly (if brief) review, particularly pertaining to the US. The book is heavily referenced, which is useful, given an unfortunate lack of depth on most topics which is probably a consequence of the series format.

This book will mainly interest policy makers, service planners, managers, and clinical leaders. As a practising acute psychiatrist, there was much I found useful. The overview of models of psychiatric emergency service delivery was particularly interesting, given the tendency to myopic views from within one's own institution.

Robert Shields
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**American Psychiatric Association practice guidelines for the treatment of psychiatric disorders: Compendium 2002**

Washington DC: American Psychiatric Press, 2002
ISBN 0 89042 323 7 pp.914 $154.00

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This book raises a fascinating dilemma, which is likely to increase in time with the ascent of the internet. What is the role of a compendium of documents, all of which are found already in the public domain on the internet, and already published as journal supplements?

This issue aside, the book is at the vanguard of a fundamental shift in practice. Guidelines are becoming entrenched in contemporary practice in parallel with the ascent of evidence-based practice. The cornerstone of the evidence-based approach is that treatment guidelines can be founded on compelling data. Such data would be validated and replicated by large, well controlled, multicentre trials. In this hypothetical situation, patients will receive defined, optimum care, practitioners will have the security of knowing the treatment algorithms they use are founded on the best available knowledge, and third party insurers are secure in the allocation of resources. While many guidelines are available, it is the American Psychiatric Association (APA) that have taken a dominant position in the market place with the resources to establish work groups on the diversity of clinical topics that make up this compendium.

Guidelines nevertheless are fraught with complexity. Despite the promise of objectivity, they ultimately reflect the opinions of the panel members, as can be witnessed by how different algorithms for common conditions can be. The pace of research is frenetic, and rapidly changing, and much of the evidence base is generated by groups not motivated by science but by commerce. The criteria used to design trials do not always reflect clinical diversity. Orphan disciplines and conditions are legion, and the evidence base correspondingly threadbare in those. Negative data is largely unpublished despite its importance in algorithm construction. Biases in approach to, and weighting of data, spring from multiple sources. On a daily basis, important clinical decisions in psychiatry need to be made in situations where there is a paucity of methodologically rigorous data. There is an additional potential concern that guidelines may be seen as having a degree of rigid authority that does not reflect their intrinsic biases and limitations.

With those caveats in mind, guidelines remain a useful resource. It is highly likely that the role of algorithms produced by august bodies in routine clinical practice will increase over time. They are of potential value to clinicians as they reflect a distillation of the clinically relevant database, and contain essential elements of the literature in an interpreted form. They have utility as a teaching tool, providing an example of best practice. They may serve a function as a benchmark in QA audits. The APA guidelines, within the limitations of the genus, are a useful adjunct to clinical practice, and it is increasingly necessary for clinicians to be familiar with them.

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**A guide to Asperger syndrome**

Christopher Gillberg
Melbourne: Cambridge University Press, 2002
ISBN 521 00183 8 pp.192 $69.95

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This is a most useful book for anyone looking for an update on autistic spectrum disorders and Asperger syndrome in particular. A lifelong interest in the subject and a substantial body of research are a basis for Gillberg's international reputation and the wealth of information he offers. He suggests that this book should appeal to a wide readership, including mental health workers, educationalists, social workers, families with members affected by Asperger syndrome and individuals suffering

from the disorder. By and large he meets the needs of this audience but anyone without medical/psychological training might find difficulties in some areas, for example the section on classification. Although the recognition of this syndrome is increasing, Gilberg's diagnostic criteria seem over-inclusive at times and one wonders if he has not cast the net too widely, but the summaries ['conclusions'] at the end of each chapter give a clearer picture and the clinical vignettes – relating to different stages of life – are particularly helpful.

As psychiatric disorders may complicate, sometimes obscure, the clinical picture, an overview of these is of interest and valuable to those of us whose training predated the introduction of Asperger syndrome and most of the autistic continuum, into our curriculum. Treatment is especially well handled. These individuals [frequently described as 'loners'] are not primarily candidates for pills and potions but need help with social strengths and handicaps and above all require *understanding*. The syndrome may coexist with a wide spectrum of IQs. Some geniuses are described, and the recognition of ability early in life before the child becomes too isolated or even socially ostracised, is imperative. Learning that some may become valued members of society as adults offers encouragement to parents going through a stage when they feel that the restriction of social interaction and the repetitive, often aggravating behaviours displayed by many of these children, are insurmountable.

Schemata provided as appendices are: (i) Asperger Syndrome – Diagnostic Interview; (ii) High Functioning Autism – Screening Questionnaire and (iii) Autistic Spectrum Disorders in Adults – Screening Questionnaire. I found these very helpful as in the clinical imbroglio it is hard to retain a mental image of the questions necessary for reaching a firm diagnosis.

I finished this book with a greater understanding of, and empathy with, individuals who *suffer* and I use that word advisedly, from the handicaps subsumed under the term Asperger syndrome. Increasing awareness of these among all who work and live with children [and adults] with such developmental problems can do much to improve the lot of individuals so vividly described by Gillberg. Affected individuals and their families can gain comfort from the realization that they are not alone, that the problems that beset them are part of a well recognized condition for which support and treatment can be prescribed. This book can be recommended to anyone asking for a comprehensive, clear account of our present day knowledge.

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**Pharmacotherapy for child and adolescent psychiatric disorders, 2nd edn**

DR Rosenberg, PA Devanzo and S Gershon
New York: Marcel Dekker, 2002
ISBN 08247 0770 3 pp.776 $195.00

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While psychiatrists have long espoused bio-psycho-social models of disorder and multimodal treatment interventions, many Victorian child psychiatrists have preferred to avoid the use of pharmacological treatment where possible. This practice has gradually changed with increasing numbers of reports of the effectiveness of interventions that include medications for specific conditions, more comprehensive teaching and training about brain sciences and psychopharmacology, and rising consumer demands for evidence-based treatment. As consumers are also demanding more detailed and sophisticated information about the treatments being offered, *all* child psychiatrists must possess up-to-date knowledge of brain function in psychopathology and the role of medication in best-practice treatment. Some knowledge of pharmacology, pharmaco-dynamics and pharmacokinetics also helps prescribing practice to be more sensible and gives authority to psychiatric advice, making it more plausible to others.

In response to this need, there has been an increase in the numbers of texts on pharmacotherapy and psychopharmacology in childhood and adolescence. Children are different to adults in their pharmacokinetics, side-effects, and their responses to some medications, so one cannot simply extrapolate from adult experience. This book is one of a series by American publisher Marcel Drekker that addresses the need for specific information reasonably well. Chapters are written by American academics and psychiatrists who are well-enough informed to include unpublished studies and studies in press. Part one addresses general matters, including the ethics of using therapeutic drugs with children, epidemiology, pharmacology and risks, while part two presents more detailed, evidence-based information about all the major classes of therapeutic drugs, including psycho-stimulants, SSRIs, atypical antidepressants and antipsychotics, anti-convulsants and mood stabilizers, adrenergic agents, adjunctive therapies and combination treatments.

Unsurprisingly, I found the subject very dry with few jokes and insufficient narrative for a satisfying bed-time read, but the contents did provide a wealth of useful information for reference. I have not sampled enough of these texts to give a valid comparison with other competitors, but it was good for my purpose of guiding the treatments I offer to patients. The chapter on pharmaco-epidemiology gave useful data on the eightfold rise in

the use of psycho-stimulants in the past 24 years and on differential usage patterns in different populations. This increase in the use of psychotropics in the US, from 9% to 18% of all youths receiving medication in 1990 to 49% in some states, is being followed in a smaller more cautious way in Australia. I happily admit that my personal practice has become more ready to consider whether there could be a role for medication in a comprehensive treatment plan with all my patients, but not necessarily as the first option.

The chapter on SSRIs was a detailed best attempt to summarize recent research with children and adolescents, supplementing with data and extrapolations from adult studies when appropriate childhood data was not available, into information about indications, complications, guidelines and advice for application and withdrawal. The other chapters follow a similar pattern, and I found the chapters on antipsychotics and adrenergics to have useful content. I confess that some of the complex neuro-anatomical and neural-chemical explanations of interacting neurotransmitter systems, with accompanying diagrams, were lost on this reader, but could imagine that better educated readers who fully understand phrases like 'glutamatergically mediated thalamocortical-striatal dysfunction type of SCD' might find themselves in seventh heaven. Nonetheless, I found much useful information that will affect my prescribing practice in this volume and will refer to it frequently, until a better text comes along.

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**Carl Jung: wounded healer of the soul**
Claire Dunne
London: Continuum, 2000
ISBN 08264 5305 8 pp.237 $39.95

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Claire Dunne's short illustrated biography is a good introduction for the general reader to the life and work of CG Jung, based on a thoughtful selection from his own words and the comments of friends, patients, correspondents. He really does seem (and in his own view) to have been a larger than life character, full of contradictions and rough edges, as well as being highly sensitive and intuitive. Like Freud, he had the complexity and openness of mind, as well as the courage, to pursue and develop controversial ideas about the unconscious mind and its influence on behaviour. The story of their brief mutual fascination is told here, and their rupture – Jung defecting even as Freud anoints him 'crown prince'. Jung worked through the devastating effects of this loss to establish his own position, in which a religious sense of the value of meaning and the individual's experience were central – in contrast to the prevailing 'objective' scientific materialism.

The reader is given a useful understanding of Jung's psychological theory and how it emerges out of his own experience. From his troubled childhood, his work as a psychiatrist with schizophrenic patients, and his formative (and traumatic) encounter with Freud, Jung developed his thinking about levels of consciousness and archetypal patterning of emotional life; the meaning of symptoms; the effect of different personality 'types' or attitudes on the interpretation of experience; and the growth towards individual wholeness by recovery of split-off aspects of the self and parental traces from others in the environment. In this process, and it is a process, Jung stresses the therapist's task of assisting patients to find their own solution to the contradictions of their nature and situation; and the doctor's exemplary role in risking the safe distance of expertise in the service of the therapeutic relationship. He says he learned in the Swiss asylum where he was a psychiatrist, 'that only the physician who feels himself deeply affected by his patients could heal. It works only when the doctor speaks out of the centre of his own psyche so provisionally called "normal" to the sick psyche before him that he can hope to heal . . .' In Jung's basically optimistic though not idealizing view, the sick mind expresses unconscious knowledge of what it needs in order to recover a healthy balance in the imagery of its symptoms and dreams, to whose 'language' the therapist must be receptive. These facts of Jung's life are inspiring (others are less so), and the originality and scope of his thinking deserve proper recognition.

In my view psychoanalysis has had to reinvent much of what it lost with Jung, a way of thinking about the self and subjectivity, for example, in order to register aesthetic and religious experience. So I hope readers won't be put off by a somewhat purple atmosphere which is evoked by the Introduction, the dedication, and section headings. There certainly are aspects of Jung which lend themselves to a portentous view of him as millennial seer, alongside a serious grappling (going right back to his early desperation with his parson father's conventional faith) with such religious issues as the nature of good and evil, freedom and authority, and the necessity of carrying one's own cross rather than hiding behind Christ's. Claire Dunne may be chiefly interested in Jung the healer and spiritual man, but she doesn't leave out the awkward bits and she lets Jung speak for himself; and so one is free to imagine Jung sometimes having an irreverent chuckle (thank God I don't have to be a Jungian!) or looking back engagingly as in *Memories,*

*Dreams, Reflections*: 'The journey from cloud cuckoo land to reality lasted a long time.'

Like the best biographies this contains some telling photographs: Carl Gustav aged seven is a gripping image of a vulnerable, serious, strange little boy. There are interesting photos of his mother, a forcefully present woman with a penetrating gaze; and Jung's wife Emma and his patient, friend, and mistress Toni Wolff. The cultural icons and medieval pictures and artwork also do their bit in evoking the times and traditions which fascinated Jung and contributed to the development of his ideas, as well as embodying in this book about him his strong belief in the communicating power of images to engage and work inside us.

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